

A0435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	FOR COURT USE ONLY
TRANSCRIPT ORDER FORM			
<i>Please Read Instructions on Page 2.</i>			
1. REQUESTOR'S INFORMATION:	NAME Constance S. Williams		TELEPHONE NUMBER 866-423-3320
DATE OF REQUEST 2/13/20	EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) constance.s.williams@thomsonreuters.com		
MAILING ADDRESS 2355 Old Hanoiver Road			CITY, STATE, ZIP CODE Sandston, Virginia 23150
2. TRANSCRIPT REQUESTED:	NAME OF COURT REPORTER DonnaPrather <u>OR</u> CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 1:19-CR-16	CASE NAME USA v. Indivior, Inc.		JUDGE'S NAME Jmaes P. Jones
DATE(S) OF PROCEEDING(S) 01/31/20	TYPE OF PROCEEDING(S) Moption Hearing		LOCATION OF PROCEEDING Abingdon
REQUEST IS FOR: (Select one)	<input checked="" type="checkbox"/> FULL PROCEEDING <u>OR</u> <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)		
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):			
Note: Transcript has already been transcribed and cost is \$29.70			
3. SERVICE TURNAROUND CATEGORY REQUESTED: <i>(See Page 2 for descriptions of each service turnaround category.)</i>			
<input type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited (7-Day) <input type="checkbox"/> 3-Day		<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime	
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 2/13/20	SIGNATURE <i>Constance S. Williams</i>		

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

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